

# **RECORDS TRANSFER ACCESSION LIST WEBB COUNTY**

Office: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 RLO: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_  
 Request Date: \_\_\_\_\_

Accession Number: \_\_\_\_\_

Transfer Approval Date: \_\_\_\_\_

Records Pick-up Date: \_\_\_\_\_

Accession Date: \_\_\_\_\_

Series Number	Records Series Title/Subtitle	Box Content	Inclusive Dates	Retention Period	Destroy After	Accession Number	Box Space
------------------	-------------------------------	-------------	--------------------	---------------------	------------------	---------------------	--------------


Quantity: \_\_\_\_\_ (in cu' ft.)